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Code A

Sunday 15th September 2002

Tel: Home: Work Code A

## **Professor Richard Baker**

Clinical Governance Research & Development Unit Department of General Practice & Primary Health Care University of Leicester, Leicester General Hospital Gwendolen Rd, Leicester LE5 4PW

Dear Professor Baker,

i.

## RE: CLINICAL AUDIT - GOSPORT WAR MEMORIAL HOSPITAL (GWMH), GOSPORT

I am a relative of one of the elderly patients who died in Dryad ward, GWMH in March 1998.

I have written to Professor Donaldson to thank him for his decision to authorise a clinical audit of this hospital and to state that I, and other relatives I have spoken to, have questions and areas of concern regarding these deaths. I will endeavor to outline these in this letter, a copy of which will be forwarded to Professor Donaldson for his information.

All of the relatives have been victims of:

- a. The press, who often misreport or print inaccurate or misleading stories.
- b. The police, who have refused to investigate fully any of the relative's complaints.
- c. The medical authorities, which have refused to take their complaints seriously.

I respectfully request that you inform us as regards the following points:

1. Myself, and other relatives I have spoken to, are confused with the term "Clinical Audit". This weekend the press have reported it as follows: -

"Professor Baker will look at the trend and patterns of death at the hospital"

**BBC NEWS 24** 

"The governments Chief Medical Officer has ordered a third probe into the deaths of elderly patients at a Gosport hospital"

PORTSMOUTH NEWS

"Donaldson has commissioned Richard Baker, professor of clinical governance at Leicester University, to repeat the statistical analysis he conducted into Shipman's practice"

THE SUNDAY TIMES

"Sir Liam's decision to mount an investigation was based on uneasiness that neither the police nor the inspection team[CHI] "was in a position to establish whether trends and patterns of deaths were out of line with what would be expected"

THE GAURDIAN

We would be greatly reassured if you would convey to us the precise remit or objectives you aim to achieve with regards to this audit.

We understand that the prescribing and administration of drugs will be fully examined in relation to the patients' clinical notes, but there are other areas of concern, which we are unsure as to whether you will be auditing. Are you able to confirm that the following questions and areas of concern will be covered in your audit:

Will the number of admissions, discharges and deaths involved in the three wards at GWMH be taken into account?

Will the clinical decisions of Dr Lord when seeing patients in other hospitals prior to their transfer to GWMH be assessed?

Will the causes of death noted on the death certificates be compared with the clinical notes?

Will the action and decisions of the hospital management following relatives complaints be considered?

Will the actions of the doctors who countersigned cremation forms be taken into account?

Will the actions of the Coroner and Registrar be included?

Will the Medical Ombudsman's reports, which were initiated following complaints, be compared with the medical records?

I understand that I have asked a lot of questions but when we were informed that the Commission of Health Improvement (CHI) would be investigating the hospital, we were later dismayed and annoyed that the remit did not cover vital areas affecting the deaths. Although the CHI report's conclusion was damming and supported our fears, we felt it was a political exercise to regain public confidence in the hospital and it's management – it did little to answer the questions and areas of concern that I have outlined above.

I hope you are able to su	ipport us in our request	t.		
Yours sincerely,				

Bernard Page